

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-029135

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7593

FILED AUG 13 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

1-day

c. FULL NAME OF (If NOT in hospital, give location)

4917 Nottingham

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4897 San Francisco

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Sophia

Schafler

4. DATE OF DEATH

Month

Day

Year

August 1,

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4/29/84

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

MEDICAL CERTIFICATE BY

DOCUMENT

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housekeeping

## 10b. KIND OF BUSINESS OR INDUSTRY

at home

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Phillip Macklin

## 13b. MOTHER'S MAIDEN NAME

Lena Schnell

## 14. NAME OF HUSBAND OR WIFE

Albert L. Schafler

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mabel Moerschell-4897 San Francisco

## 18. CAUSE OF DEATH (Enter only one cause per line if death was caused by:)

## IMMEDIATE CAUSE (a)

acute Coronary Occlusion Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Coronary Sclerosis years

## DUE TO (c)

420.1

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Essential Hypertension

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

10/21/60 8/1/62

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

6:00 A.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert A. Bauer MD

## 22b. ADDRESS

1012 Highland Med Bldg

## 22c. DATE SIGNED

8/3/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug. 3, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Matthew's Cemetery St. Louis

## 23d. LOCATION (City, town, or county)

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

WACKER-HELDERLE-3634 Gravois Ave.

## 25. DATE RECD. BY LOCAL REG.

AUG 3 1962

## 26. REGISTRAR'S SIGNATURE

Loan Smith, P.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Pharua M. Bullo*

Licensed Embalmer No.

4375

P. O. Address

St. Louis 14, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.